



DEPARTMENT OF THE NAVY
PERSONNEL SUPPORT ACTIVITY
937 NORTH HARBOR DRIVE
SAN DIEGO, CALIFORNIA 92132-5190

PERSUPPACTSANDIEGOINST 1050.2D CH-4
Code 50
26 October 94

PERSUPPACT SAN DIEGO INSTRUCTION 1050.2D CHANGE TRANSMITTAL 4

Subj: FUNDED EMERGENCY LEAVE TRAVEL ORDERS (OUTUS)

Encl: (1) Sample Order with Appropriation Data

1. Purpose. To transmit change 4 to the basic instruction.
2. Change. Remove enclosure (1) of the basic instruction and replace with the attached enclosure. Change effective dates on the instruction to read 1 October 1994 through 30 September 1995.
3. Cancellation. When the basic directive is superseded by a revision, or is otherwise cancelled.

M. Hayes
M. HAYES

Distribution:
PERSUPPACTSANDIEGOINST 5126.1H, List II

TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS

1. FROM: Issuing Officer/PERSUPPDET					2. STANDARD DOCUMENT NO. N6855395TO000* *			
3. TO: Name of Individual(s) Being Ordered on Funded Emergency Leave (OUTUS), Branch of Service and no others (Include Dependent Names and Ages of Children)					4. TANGO NO. TO000* *			
					5. SSN/DESIGNATOR Mbr's SSN			
					6. DATE Prepared (date)			
7. REF: (A) As Appropriate					8. <input checked="" type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL			
9. PROCEED ON OR ABOUT Date		10. AUTHORIZED PROCEED ON OR ABOUT Time/Date		11. APPROXIMATE NUMBER OF DAYS 60 Days		12. ESTIMATED DATE OF RETURN Date		
13. ITINERARY (Activity/activities and Place/places indicated below) As appropriate					14. <input checked="" type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDINS			
					15. REASON FOR TRAVEL: ICW Funded Emergency Leave			
					16. <input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY			
17. FISCAL DATA ACCOUNTING CLASSIFICATION								
APPROPRIATION SYMBOL AND SUB-HEAD (1)	OBJECT CLASS (2)	BU CONT NUMBER (3)	SUB-ALLOT NUMBER (4)	AUTHORIZED ACCTG ACTY (5)	TYPE (6)	PROPERTY ACCTG ACTY (7)	COST CODE (8)	
(7 SYM) (4 SYM) AB1751804.70CA	(3 SYM) 000	(5 SYM) 68553	(1 SYM) 0	(6 SYM) 068688	(2 SYM) 2D	(6 SYM) 0000* *	(12 SYM) 685535EDE02E	
18. ESTIMATED COST						19. CUSTOMER IDENTIFICATION CODE		
TRANSPORTATION \$ PRICE OF TICKET		PER DIEM 00.00		MISC. EXP. \$ 00.00		TOTAL \$ PRICE OF TICKET 35TO0* * N68553VV		
20. ITEM: (Use applicable item numbers as shown on reverse side of this form) As Appropriate								
"Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expenses."								
21. ADDITIONAL COMMENTS AND INSTRUCTIONS: MBR Domiciled in (Show Country). Residence or Place of Acceptance Endorsement PSD NAVAL STATION DUTY SECTION: ISSUED MTA #AF-029883 FLT MAC 19 LAX/CRK OPEN RETURN. COST \$1046.00						22. SECURITY CLEARANCE: IT IS CERTIFIED THAT YOU HOLD A _____ BASED _____ COMPLETED _____ BY _____ (PLUS _____ YEARS SERVICE)		
23. AUTHENTICATING SIGNATURE Authorized Signature FOR SONIA M. TOWNSEND, TO								
24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:								
25. COPY TO: (Include Operating Budget/fund manager in all cases)								

